

APPENDIX 7
DIVING INJURY/INCIDENT REPORT FORM

Required Incident Reporting: All diving incidents requiring recompression treatment, or resulting in moderate or serious injury, or death shall be reported the DSB. The report will specify the circumstances of the incident and the extent of any injuries or illnesses. This form is confidential and for statistics purposes only.

Check the appropriate space(s) & complete the form:

<input type="checkbox"/> Simple Illness	<input type="checkbox"/> Referred to Physician	<input type="checkbox"/> Serious injury
<input type="checkbox"/> Barotrauma	<input type="checkbox"/> Hyperbaric Treatment	<input type="checkbox"/> Near Drowning
<input type="checkbox"/> Hyperoxic	<input type="checkbox"/> Hypercapnea	<input type="checkbox"/> Fatality
Workers' Compensation Claim Yes <input type="checkbox"/> No <input type="checkbox"/>		
<input type="checkbox"/> Other: _____		

Descriptive Report (use additional sheets if necessary)

Date of Incident: ____/____/____
Month Day Year

Circumstances and the extent of the injuries or illnesses:

Treatment provided and results:

Recommendations to avoid repetition of incident:

Name & Title of Person Submitting Report: _____
(Please print)

Signature _____ Date ____/____/____

Mailing Address _____

Telephone/FAX _____ e-mail _____

APPENDIX 8
DEPARTMENT REPORT OF MINOR INJURY

Name	SSN	Date of Birth	Sex (M/F)
Region/Division/Branch/Office			
Address of Region/Division/Branch/Office			
Location Where Injury Occurred			
Classification	Date of Injury	Time of Injury	Date Injury Reported
Describe the Injury and How it Occurred (include part of body affected)			
Treatment			
Comments			
Signature of Injured		Signature of Supervisor	
Dated		Dated	

INSTRUCTIONS:

1. The supervisor will complete this form when an employee reports an injury, but did not lose time and did not see a doctor.
2. This form can be used to help complete the 3067 if an employee eventually loses time or decides to see a doctor for this injury.
3. The Supervisor will retain this form for a minimum of five years (this form may be attached to the 3067 if one is completed).

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